LETTER OF MEDICAL NECESSITY FOR WEIGHT LOSS PROGRAM

INSTRUCTIONS

Under Internal Revenue Service regulations, certain medical expenses are eligible for reimbursement from a Medical Savings Account, Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), Health Insurance Coverage Plan or as a deduction on your federal taxes.

In order to process reimbursement, your physician/provider must complete this form. You will need to keep a copy of this form for tax purposes and for reimbursement via a Medical Savings Account, Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), Health Insurance Coverage Plan.

PATIENT INFORMATION *(to be completed by Patient)*

Patient Name: _____ Sex _____ DOB _____

Address: _____ Phone _____

City/State/Zip: _____

Physican Name: _____ Phone: _____

Physician Address/City/State/Zip: _____

MEDICAL CONDITION INFORMATION *(to be completed by the physician/provider)*

Patient's Name _____ Height _____ Weight _____ BMI _____

Medical Condition _____

Prescribed Treatment or Service/Product: Participation in Biggest Loser Resort Weight Loss Program

Physician's Comments:

_____

_____

_____

PHYSICIAN CERTIFICATION

This service/product is medically necessary to treat, prevent and/or alleviate the medical condition as described above. The treatment is not for general health or cosmetic purposes.

Provider Name *(please print)* _____ Date_____

Provider Signature_____ License # _____

PATIENT CERTIFICATION

I certify that the service/product indicated above is medically necessary. I understand that I must submit a copy of this Certification of Medical Necessity form or a provider letter containing the same information with each request for reimbursement of this expense. I understand that submitting this form does not guarantee that the expense will be reimbursed.

Patient Signature_____ Date_____